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## RCFE Specialty Tool: *Residents with Special Health Needs Domain*

The RCFE Tool for the ***Residents with Special Health Needs Domain*** provides state licensing requirements in statute and regulations that are related to residents with special health needs.

This Specialty Tool is intended to be used during Comprehensive Visits in instances where non-compliance with special health needs services and conditions requirements are identified. This Tool will also be helpful in complaint visits, or other visits when LPAs need a full-scope reference on a single Domain. This Tool can also be used by licensees to self-assess compliance with requirements.

Requirement		Citation
<b>Health and Safety Protection</b>		
<b>T-22, §87605(a)</b> Acceptance by the licensee of residents with incidental medical needs shall be in accordance with the conditions specified in this article.		<b>T-22, §87605(a)</b>
<b>Posting</b> <b>T-22, §87605(c)</b> Licensees who employ or permit health care practitioners to provide care to residents shall post a visible notice in a prominent location that states, "Section 680 of the Business and Professions Code requires health care practitioners to disclose their name and license status on a name tag in at least 18-point type while working in this facility."		<b>T-22, §87605(c)</b>
<b>Care of Bedridden Residents</b>		
<b>Accept or Retain</b> <b>T-22, §87606(a)</b> Unless otherwise specified, this section applies to licensees who accept or retain residents who are bedridden. The licensee shall be permitted to accept and retain residents who are or shall become bedridden, if all the following conditions are met.		<b>T-22, §87606(a)</b>
<b>Fire Jurisdiction Notification</b> <b>T-22, §87606(b)</b> A facility shall notify the local fire jurisdiction within 48 hours of accepting or retaining any bedridden person, as specified in Health and Safety Code Section 1569.72(f).		<b>T-22, §87606(b)</b>
<b>Bedridden Fire Clearance</b> <b>T-22, §87606(c)</b> To accept or retain a bedridden person, other than for a temporary illness or recovery from surgery, a facility shall obtain and maintain an appropriate fire clearance as specified in Section 87202(a).		<b>T-22, §87606(c)</b>
<b>Retention of Bedridden Resident</b> <b>T-22, §87606(e)</b> A facility may retain a bedridden resident for more than 14 days if all of the requirements of Health and Safety Code Section 1569.72(e) are met. <b>(1)</b> If it is determined that a resident will be temporarily bedridden for more than 14 days, the facility shall notify the fire authority having jurisdiction of the revised estimated length of time that the resident will be bedridden, as required in Section 87606(b).		<b>T-22, §87606(e), (e)(1)</b>

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<p><b>T-22, §87606(f)</b> To accept or retain a bedridden person, a facility shall ensure the following: (1) The facility's Plan of Operation includes a statement of how the facility intends to meet the overall health, safety and care needs of bedridden persons.</p> <p>(A) The facility's Emergency Disaster Plan, addresses fire safety precautions specific to evacuation of bedridden residents in the event of an emergency or disaster.</p> <p>(B) In addition to the requirements specified in Care of Persons with Dementia, the needs of residents with dementia who are bedridden, shall be met.</p> <p>(C) The needs of residents who are terminally ill and who are bedridden shall be met.</p> <p>(2) Each bedridden resident's record includes sufficient documentation to demonstrate that the facility is meeting the needs of the individual resident as specified in Section 87506.</p> <p>(3) Staff records include documentation of staff training specific to Care of Bedridden Residents.</p> <p>(4) The facility's Register of Residents shall include:</p> <p>(A) compliance with Section 87508,</p> <p>(B) information related to resident room locator,</p> <p>(C) register of residents be made available, upon request, to emergency personnel, and</p> <p>(D) facility staff have knowledge of the location of the register of residents at all times.</p>	<p><b>T-22, §87606(f)(1)-(4)</b></p>
<p><b>Automated External Defibrillators (AEDs)</b></p>	
<p><b>AED</b></p> <p><b>T-22, §87607(a)</b> A licensee is permitted to maintain and operate an AED at the facility if all of the following requirements are met:</p> <p>(1) The licensee shall notify the licensing agency in writing that an AED is in the facility and will be used in accordance with all applicable federal and other state requirements.</p> <p>(2) The AED shall be used in accordance with all applicable federal and other state requirements.</p> <p>(3) The licensee shall maintain at the facility the following:</p> <p>(A) A copy of the required physician's prescription for the AED.</p> <p>(B) A training manual from an American Heart Association- or American Red Cross-recognized AED training class.</p> <p>(C) A log of checks of operation of the AED containing the dates checked and the name of person checking.</p> <p>(D) A copy of a valid AED operator's certificate for any employee(s) authorized by the licensee to operate the AED. The certificate shall indicate that the AED training course completed complies with the standards of the American Heart Association or the American Red Cross. If it does not, then other evidence indicating that the AED training course completed complies with the standards of the American Heart Association or the American Red Cross shall be available at the facility.</p> <p>(E) A log of quarterly proficiency demonstrations for each holder of an AED operator's certificate who is authorized by the licensee to operate the AED. The log shall contain the dates of the demonstrations and the manner of demonstration.</p> <p>(4) A supply kit shall be maintained at the facility and be readily available for use with the AED. The kit shall contain at least the following:</p> <p>(A) A back-up battery set.</p>	<p><b>T-22, §87607(a)(1)-(6)</b></p>

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<p>(B) An extra set of pads.</p> <p>(C) A safety razor for shaving chest hair when necessary to apply the pads.</p> <p>(D) A cardiovascular pulmonary resuscitation barrier (a face shield or mask) for protection from transmission of infectious disease.</p> <p>(E) Two pairs of unused medical examination gloves (latex or non-latex).</p> <p>(5) Use of an AED shall be reported as specified in Section 87211, Reporting Requirements.</p> <p>(6) Requests to Forego Resuscitative Measures, Advance Directives and Do-Not-Resuscitate Orders shall be observed as specified in Section 87469, Advance Health Care Directives, Requests to Forego Resuscitative Measures, and Do-Not-Resuscitate Forms.</p>	
<b>Postural Supports</b>	
<p><b>Allowances for Postural Support</b></p> <p><b>T-22, §87608(a)</b> Based on the individual's preadmission appraisal, and subsequent changes to that appraisal, the facility shall provide assistance and care for the resident in those activities of daily living which the resident is unable to do for himself/herself. Postural supports may be used under the following conditions.</p> <p>(1) Postural supports shall be limited to appliances or devices such as braces, spring release trays, or soft ties, used to achieve proper body position and balance, to improve a resident's mobility and independent functioning, or to position rather than restrict movement including, but not limited to, preventing a resident from falling out of bed, a chair, etc.</p> <p>(A) Physician-prescribed orthopedic devices such as braces or casts, used for support of a weakened body part or correction of body parts, are considered postural supports.</p> <p>(2) Postural supports shall be fastened or tied in a manner that permits quick release by the resident.</p> <p>(3) A written order from a physician indicating the need for the postural support shall be maintained in the resident's record. The licensing agency shall be authorized to require other additional documentation if needed to verify the order.</p> <p>(4) Prior to the use of postural supports that change the ambulatory status of a resident to non-ambulatory, the licensee shall ensure that the appropriate fire clearance, as required by Section 87202, Fire Clearance has been secured.</p> <p>(5) Under no circumstances shall postural supports include tying, depriving, or limiting the use of a resident's hands or feet.</p> <p>(A) A bed rail that extends from the head half the length of the bed and used only for assistance with mobility shall be allowed.</p> <p>(B) Bed rails that extend the entire length of the bed are prohibited except for residents who are currently receiving hospice care and have a hospice care plan that specifies the need for full bed rails.</p>	<p><b>T-22, §87608(a)(1)-(5)</b></p>
<p><b>Training</b></p> <p><b>H&amp;S 1569.696 (a)</b> All residential care facilities for the elderly shall provide training to direct care staff on postural supports, restricted conditions or health services, and hospice care as a component of the training requirements specified in Section 1569.625. The training shall include all of the following:</p> <p>(1) Four hours of training on the care, supervision, and special needs of those residents, prior to providing direct care to residents. The facility may utilize various methods of instruction, including, but not limited to, preceptorship, mentoring, and other forms of observation and demonstration. The orientation time shall be exclusive of any administrative instruction.</p> <p>(2) Four hours of training thereafter of in-service training per year on the subject of serving those residents.</p>	<p><b>H&amp;S 1569.696(a)(1)-(2)</b></p>

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<p><b>H&amp;S 1569.696 (b)</b> This training shall be developed in consultation with individuals or organizations with specific expertise in the care of those residents described in subdivision (a). In formulating and providing this training, reference may be made to written materials and literature. This training requirement may be provided at the facility or offsite and may include a combination of observation and practical application.</p>	<p><b>H&amp;S 1569.696(b)</b></p>
<p><b>Allowable Health Conditions and the Use of Home Health Agencies</b></p>	
<p><b>Home Health Agencies</b>  <b>H&amp;S 1569.725(a)</b> A residential care facility for the elderly may permit incidental medical services to be provided through a home health agency, licensed pursuant to Chapter 8 (commencing with Section 1725), when all of the following conditions are met:</p> <ul style="list-style-type: none"> <li>(1) The facility, in the judgment of the department, has the ability to provide the supporting care and supervision appropriate to meet the needs of the resident receiving care from a home health agency.</li> <li>(2) The home health agency has been advised of the regulations pertaining to residential care facilities for the elderly and the requirements related to incidental medical services being provided in the facility.</li> <li>(3) There is evidence of an agreed-upon protocol between the home health agency and the residential care facility for the elderly. The protocol shall address areas of responsibility of the home health agency and the facility and the need for communication and the sharing of resident information related to the home health care plan. Resident information may be shared between the home health agency and the residential care facility for the elderly relative to the resident's medical condition and the care and treatment provided to the resident by the home health agency including, but not limited to, medical information, as defined by the Confidentiality of Medical Information Act, Part 2.6 (commencing with Section 56) of Division 1 of the Civil Code.</li> <li>(4) There is ongoing communication between the home health agency and the residential care facility for the elderly about the services provided to the resident by the home health agency and the frequency and duration of care to be provided.</li> </ul>	<p><b>H&amp;S 1569.725(a)(1)-(4)</b></p>
<p><b>T-22, §87609(a)</b> A licensee shall be permitted to accept or retain persons who have a health condition(s) which requires incidental medical services including, but not limited to, the conditions specified in Section 87612, Restricted Health Conditions</p>	<p><b>T-22, §87609(a)</b></p>
<p><b>T-22, §87609(b)</b> Incidental medical care may be provided to residents through a licensed home health agency provided the following conditions are met:</p> <ul style="list-style-type: none"> <li>(1) The licensee is in substantial compliance with the requirements of Health and Safety Code Sections 1569-1569.87, and of Chapter 8, Division 6, of Title 22, CCR, governing Residential Care Facilities for the Elderly.</li> <li>(2) The licensee provides the supporting care and supervision needed to meet the needs of the resident receiving home health care.</li> <li>(3) The licensee informs the home health agency of any duties the regulations prohibit facility staff from performing, and of any regulations that address the resident's specific condition(s).</li> <li>(4) The licensee and home health agency agree in writing on the responsibilities of the home health agency, and those of the licensee in caring for the resident's medical condition(s).</li> <li>(A) The written agreement shall reflect the services, frequency and duration of care.</li> </ul>	<p><b>T-22, §87609(b)(1)-(4)</b></p>

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<p>(B) The written agreement shall include day and evening contact information for the home health agency, and the method of communication between the agency and the facility, which may include verbal contact, electronic mail, or logbook.</p> <p>(C) The written agreement shall be signed by the licensee or licensee representative, and representative of the home health agency, and placed in the resident's file.</p>	
<b>General Requirements for Allowable Health Conditions</b>	
<p><b>Departmental Approval</b></p> <p><b>T-22, §87611(a)</b> Prior to accepting or retaining a resident with an allowable health condition as specified in Section 87618, Oxygen Administration - Gas and Liquid; Section 87619, Intermittent Positive Pressure Breathing (IPPB) Machine; Section 87621, Colostomy/Ileostomy; Section 87626, Contractures; or Section 87631, Healing Wounds; licensees who have, or have had, any of the following within the last two years, shall obtain Department approval:</p> <ul style="list-style-type: none"> <li>(1) Probationary license;</li> <li>(2) Administrative action filed against them;</li> <li>(3) A Non-Compliance Conference as defined in Section 87101(n) that resulted in a corrective plan of action; or</li> <li>(4) A notice of deficiency concerning direct care and supervision of a resident with a health condition specified in Section 87612, Restricted Health Conditions, that required correction within 24 hours.</li> </ul>	<b>T-22, §87611(a)(1)-(4)</b>
<p><b>Records</b></p> <p><b>T-22, §87611(b)</b> The licensee shall complete and maintain a current, written record of care for each resident that includes, but is not limited to, the following:</p> <ul style="list-style-type: none"> <li>(1) Documentation from the physician of the following: <ul style="list-style-type: none"> <li>(A) Stability of the medical condition(s);</li> <li>(B) Medical condition(s) which require incidental medical services;</li> <li>(C) Method of intervention;</li> <li>(D) Resident's ability to perform the procedure; and</li> <li>(E) An appropriately skilled professional shall be identified who will perform the procedure if the resident needs assistance.</li> </ul> </li> <li>(2) The names, address and telephone number of vendors, if any, and all appropriately skilled professionals providing services.</li> <li>(3) Emergency contacts.</li> </ul>	<b>T-22, §87611(b)(1)-(3)</b>
<p><b>T-22, §87611(c)</b> In addition to Section 87411(d), facility staff shall have knowledge and the ability to recognize and respond to problems and shall contact the physician, appropriately skilled professional, and/or vendor as necessary.</p>	<b>T-22, §87611(c)</b>
<p><b>Monitor Resident</b></p> <p><b>T-22, §87611(d)</b> In addition to Section 87463, Reappraisals and Section 87466, Observation of the Resident, the licensee shall monitor the ability of the resident to provide self care for the allowable health condition and document any change in that ability.</p>	<b>T-22, §87611(d)</b>
<p><b>T-22, §87611(e)</b> In addition to Sections 87465(a) and 87464(d), the licensee shall ensure that the resident is cared for in accordance with the physicians orders and that the resident's medical needs are met.</p>	<b>T-22, §87611(e)</b>

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<p><b>Receive or Reject Medical Care</b>  <b>T-22, §87611(f)</b> The duty established by this section does not infringe on the right of a resident to receive or reject medical care or services as allowed in Section 87468(a)(16).</p>	<p><b>T-22, §87611(f)</b></p>
<p><b>Restricted Health Conditions</b></p>	
<p><b>Restricted Health Conditions</b>  <b>T-22, §87612(a)</b> The licensee may provide care for residents who have any of the following restricted health conditions, or who require any of the following health services:</p> <ul style="list-style-type: none"> <li>(1) Administration of oxygen as specified in Section 87618.</li> <li>(2) Catheter care as specified in Section 87623.</li> <li>(3) Colostomy/ileostomy care as specified in Section 87621.</li> <li>(4) Contractures as specified in Section 87626.</li> <li>(5) Diabetes as specified in Section 87628.</li> <li>(6) Enemas, suppositories, and/or fecal impaction removal as specified in Section 87622.</li> <li>(7) Incontinence of bowel and/or bladder as specified in Section 87625.</li> <li>(8) Injections as specified in Section 87629.</li> <li>(9) Intermittent Positive Pressure Breathing Machine use as specified in Section 87619.</li> <li>(10) Stage 1 and 2 pressure sores (dermal ulcers) as specified in Section 87631(a)(3).</li> <li>(11) Wound care as specified in Section 87631.</li> </ul>	<p><b>T-22, §87612(a)(1)-(11)</b></p>
<p><b>Exceptions for Health Conditions</b></p>	
<p><b>Program Flexibility</b>  <b>T-22, §87616(a)</b> As specified in Section 87209, Program Flexibility, the licensee may submit a written exception request if he/she agrees that the resident has a prohibited and/or restrictive health condition but believes that the intent of the law can be met through alternative means.</p>	<p><b>T-22, §87616(a)</b></p>
<p><b>Written Request</b>  <b>T-22, §87616(b)</b> Written requests shall include, but are not limited to, the following:</p> <ul style="list-style-type: none"> <li>(1) Documentation of the resident's current health condition including updated medical reports, other documentation of the current health, prognosis, and expected duration of condition.</li> <li>(2) The licensee's plan for ensuring that the resident's health related needs can be met by the facility.</li> <li>(3) Plan for minimizing the impact on other residents.</li> </ul>	<p><b>T-22, §87616(b)(1)-(3)</b></p>
<p><b>Hospice Care Exemption</b>  <b>T-22, §87616(c)</b> Facilities that have satisfied the requirements of Section 87632, Hospice Care Waiver, are not required to submit written exception requests under this section for residents or prospective residents with restricted health conditions under Section 87612 and/or prohibited health conditions under Section 87615 provided those residents have been diagnosed as terminally ill and are receiving hospice services in accordance with a hospice care plan as required under Section 87633, Hospice Care for Terminally Ill Residents, and the treatment of such restricted and/or prohibited health conditions is specifically addressed in the hospice care plan.</p>	<p><b>T-22, §87616(c)</b></p>
<p><b>Departmental Review of Health Conditions</b></p>	

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<p><b>Departmental Review</b>  <b>T-22, §87617(a)</b> Certain health conditions as specified in Sections 87618, Oxygen Administration -Gas and Liquid, through 87631, Healing Wounds, may require review by Department staff to determine if the resident will be allowed to remain in the facility. The Department shall inform the licensee that the health condition of the resident requires review and shall specify documentation which the licensee shall submit to the Department.</p> <ul style="list-style-type: none"> <li>(1) Documentation shall include, but not be limited to the following: <ul style="list-style-type: none"> <li>(A) Physician's assessment(s).</li> <li>(B) Pre-admission appraisal.</li> <li>(C) Copies of prescriptions for incidental medical services and/or medical equipment.</li> </ul> </li> <li>(2) The documentation shall be submitted to the Department within 10 days.</li> </ul>	<p><b>T-22, §87617(a)(1)-(2)</b></p>
<p><b>T-22, §87617(b)</b> If the Department determines that the resident has an allowable health condition, the licensee shall provide care and supervision to the resident in accordance with the conditions specified in Sections 87618, Oxygen Administration -Gas and Liquid, through 87631, Healing Wounds.</p>	<p><b>T-22, §87617(b)</b></p>
<p><b>Oxygen Administration – Gas and Liquid</b></p>	
<p><b>Accept or Retain – Oxygen Gas Administration</b>  <b>T-22, §87618(a)</b> Except as specified in Section 87611(a), the licensee shall be permitted to accept or retain a resident who requires the use of oxygen gas administration under the following circumstances:</p> <ul style="list-style-type: none"> <li>(1) If the resident is mentally and physically capable of operating the equipment, is able to determine his/her need for oxygen, and is able to administer it him/herself.</li> </ul> <p style="text-align: center;">OR</p> <ul style="list-style-type: none"> <li>(2) If intermittent oxygen administration is performed by an appropriately skilled professional.</li> </ul>	<p><b>T-22, §87618(a)(1)-(2)</b></p>
<p><b>T-22, §87618(b)</b> In addition to Section 87611(b), the licensee shall be responsible for the following:</p> <ul style="list-style-type: none"> <li>(1) Monitoring of the resident's ongoing ability to operate the equipment in accordance with the physician's orders.</li> <li>(2) Ensuring that oxygen administration is provided by an appropriately skilled professional should the resident require assistance.</li> <li>(3) Ensuring that the use of oxygen equipment meets the following requirements: <ul style="list-style-type: none"> <li>(A) A report shall be made in writing to the local fire jurisdiction that oxygen is in use at the facility.</li> <li>(B) "No Smoking-Oxygen in Use" signs shall be posted in the appropriate areas.</li> <li>(C) Smoking shall be prohibited where oxygen is in use.</li> <li>(D) All electrical equipment shall be checked for defects which may cause sparks.</li> <li>(E) Oxygen tanks that are not portable shall be secured in a stand or to the wall.</li> <li>(F) Plastic tubing from the nasal canula or mask to the oxygen source shall be long enough to allow the resident movement within his/her room but does not constitute a hazard to the resident or others.</li> <li>(G) Oxygen from a portable source shall be used by residents when they are outside of their rooms.</li> <li>(H) Equipment shall be operable.</li> <li>(I) Equipment shall be removed from the facility when no longer in use by the resident.</li> </ul> </li> </ul>	<p><b>T-22, §87618(b)(1)-(5)</b></p>

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<p>(4) Determining that room size can accommodate equipment in accordance with Section 87307, Personal Accommodations and Services.</p> <p>(5) Ensuring that facility staff have knowledge of, and ability in the operation of the oxygen equipment.</p>	
<p><b>Accept or Retain – Liquid Oxygen</b></p> <p><b>T-22, §87618(c)</b> The licensee shall be permitted to accept or retain a resident who requires the use of liquid oxygen under the following circumstances:</p> <p>(1) The licensee obtains prior approval from the licensing agency.</p> <p>(2) If the resident is mentally and physically capable of operating the equipment, is able to determine his/her need for oxygen, and is able to administer it him/herself.</p>	<p><b>T-22, §87618(c)(1)-(2)</b></p>
<p><b>Intermittent Positive Pressure Breathing (IPPB) Machine</b></p>	
<p><b>Accept or Retain</b></p> <p><b>T-22, §87619(a)</b> Except as specific in Section 87611(a), the licensee shall be permitted to accept or retain a resident who requires the use of an IPPB machine under the following circumstances:</p> <p>(1) If the resident is mentally and physically capable of operating his/her own equipment and is able to determine his/her own need.</p> <p style="text-align: center;">OR</p> <p>(2) If the device is operated and cared for by an appropriately skilled professional.</p>	<p><b>T-22, §87619(a)(1)-(2)</b></p>
<p><b>T-22, §87619(b)</b> In addition to Section 87611(b), the licensee shall be responsible for the following:</p> <p>(1) Monitoring of the resident's ongoing ability to operate the equipment in accordance with the physician's orders.</p> <p>(2) Ensuring that the procedure is administered by an appropriately skilled professional should the resident require assistance.</p> <p>(3) Ensuring that the use of the equipment meets the following requirements:</p> <p style="padding-left: 20px;">(A) Equipment shall be operable.</p> <p style="padding-left: 20px;">(B) Equipment shall be removed from the facility when no longer in use by the resident.</p> <p>(4) Determining that room size can accommodate equipment in accordance with Section 87307(a)(2)(A).</p> <p>(5) Ensuring that facility staff have knowledge of and ability in the operation of the equipment.</p>	<p><b>T-22, §87619(b)(1)-(5)</b></p>
<p><b>Colostomy/Ileostomy</b></p>	
<p><b>Accept or Retain</b></p> <p><b>T-22, §87621(a)</b> Except as specified in Section 87611(a), the licensee shall be permitted to accept or retain a resident who has a colostomy or ileostomy under the following circumstances:</p> <p>(1) If the resident is mentally and physically capable of providing all routine care for his/her ostomy, and the physician has documented that the ostomy is completely healed.</p> <p style="text-align: center;">OR</p> <p>(2) If assistance in the care of the ostomy is provided by an appropriately skilled professional.</p>	<p><b>T-22, §87621(a)(1)-(2)</b></p>
<p><b>T-22, §87621(b)</b> In addition to Section 87611(b), the licensees shall be responsible for the following:</p> <p>(1) Ensuring that ostomy care is provided by an appropriately skilled professional.</p> <p style="padding-left: 20px;">(A) The ostomy bag and adhesive may be changed by facility staff who have been instructed by the professional.</p>	<p><b>T-22, §87621(b)(1)-(3)</b></p>



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<p>(B) There shall be written documentation by an appropriately skilled professional outlining the instruction of the procedures delegated and the names of the facility staff who have been instructed.</p> <p>(C) The professional shall review the procedures and techniques no less than twice a month.</p> <p>(2) Ensuring that used bags are discarded as specified in Section 87303(f)(1).</p> <p>(3) Privacy shall be afforded when ostomy care is provided.</p>	
<b>Fecal Impaction Removal, Enemas and/or Suppositories</b>	
<p><b>Accept or Retain</b></p> <p><b>T-22, §87622(a)</b> The licensee shall be permitted to accept or retain a resident who requires manual fecal impaction removal, enemas, or use of suppositories under the following circumstances:</p> <p>(1) Self care by the resident.</p> <p>(2) Manual fecal impaction removal, enemas, and/or suppositories shall be permitted if administered according to physician's orders by either the resident or an appropriately skilled professional.</p>	<b>T-22, §87622(a)(1)-(2)</b>
<p><b>T-22, §87622(b)</b> In addition to Section 87611, General Requirements for Allowable Health Conditions, the licensee shall be responsible for the following:</p> <p>(1) Ensuring that the administration of enemas or suppositories or manual fecal impaction removal is performed by an appropriately skilled professional should the resident require assistance.</p> <p>(2) Privacy shall be afforded when care is being provided.</p>	<b>T-22, §87622(b)(1)-(2)</b>
<b>Indwelling Urinary Catheter</b>	
<p><b>Accept or Retain</b></p> <p><b>T-22, §87623(a)</b> The licensee shall be permitted to accept or retain a resident who requires the use of an indwelling catheter under the following circumstances:</p> <p>(1) If the resident is physically and mentally capable of caring for all aspects of the condition except insertion and irrigation.</p> <p>(A) Irrigation shall only be performed by an appropriately skilled professional in accordance with the physician's orders.</p> <p>(B) A catheter shall only be inserted and removed by an appropriately skilled professional under physician's orders.</p>	<b>T-22, §87623(a), (a)(1)</b>
<p><b>T-22, §87623(b)</b> In addition to Section 87611, General Requirements for Allowable Health Conditions, the licensee shall be responsible for the following:</p> <p>(1) Ensuring that insertion and irrigation of the catheter shall be performed by an appropriately skilled professional.</p> <p>(2) Ensuring that the bag and tubing are changed by an appropriately skilled professional should the resident require assistance.</p> <p>(A) The bag may be emptied by facility staff who receive instruction from an appropriately skilled professional.</p> <p>(B) There shall be written documentation by an appropriately skilled professional outlining the instruction of the procedures delegated and the names of the facility staff who have been instructed.</p> <p>(C) The licensee shall ensure that the professional reviews staff performance as often as necessary, but at least annually.</p> <p>(3) Ensuring that waste materials shall be disposed of as specified in Section 87303(f)(1).</p> <p>(4) Privacy shall be maintained when care is provided.</p>	<b>T-22, §87623(b)(1)-(4)</b>
<b>Managed Incontinence</b>	
<p><b>Accept or Retain</b></p>	<b>T-22, §87625(a), (a)(1)</b>

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<p><b>T-22, §87625(a)</b> The licensee shall be permitted to accept or retain a resident who has a manageable bowel and/or bladder incontinence condition under the following circumstances:</p> <ul style="list-style-type: none"> <li>(1) The condition can be managed with any of the following: <ul style="list-style-type: none"> <li>(A) Self care by the resident.</li> <li>(B) A structured bowel and/or bladder retraining program to assist the resident in restoring a normal pattern of continence.</li> <li>(C) A program of scheduled toileting at regular intervals.</li> <li>(D) The use of incontinent care products.</li> </ul> </li> </ul>	
<p><b>Managed Incontinence</b></p> <p><b>T-22, §87625(b)</b> In addition to Section 87611, General Requirements for Allowable Health Conditions, the licensee shall be responsible for the following:</p> <ul style="list-style-type: none"> <li>(1) Ensuring that residents who can benefit from scheduled toileting are assisted or reminded to go to the bathroom at regular intervals rather than being diapered.</li> <li>(2) Ensuring that incontinent residents are checked during those periods of time when they are known to be incontinent, including during the night.</li> <li>(3) Ensuring that incontinent residents are kept clean and dry and that the facility remains free of odors from incontinence.</li> <li>(4) Ensuring that bowel and/or bladder programs are designed by an appropriately skilled professional with training and experience in care of elderly persons with bowel and/or bladder dysfunction and development of retraining programs for restoration of normal patterns of continence.</li> <li>(5) Ensuring that the appropriately skilled professional developing the bowel and/or bladder program provide training to facility staff responsible for implementation of the program.</li> <li>(6) Ensuring that re-assessment of the resident's condition and the evaluation of the effectiveness of the bowel and/or bladder program be performed by an appropriately skilled professional.</li> <li>(7) Ensuring that the condition of the skin exposed to urine and stool is evaluated regularly to ensure that skin breakdown is not occurring.</li> <li>(8) Privacy shall be afforded when care is provided.</li> <li>(9) Ensuring that fluids are not withheld to control incontinence.</li> <li>(10) Ensuring that an incontinent resident is not catheterized to control incontinence for the convenience of the licensee.</li> </ul>	<p><b>T-22, §87625(b)(1)-(10)</b></p>
<p><b>Contractures</b></p>	
<p><b>Accept or Retain</b></p> <p><b>T-22, §87626(a)</b> Except as specified in Section 87611(a), the licensee shall be permitted to accept or retain a resident who has contractures under the following circumstances:</p> <ul style="list-style-type: none"> <li>(1) If the contractures do not severely affect functional ability and the resident is able to care for the contractures by him/herself.</li> </ul> <p style="text-align: center;">OR</p> <ul style="list-style-type: none"> <li>(2) If the contractures do not severely affect functional ability and care and/or supervision is provided by an appropriately skilled professional.</li> </ul>	<p><b>T-22, §87626(a)(1)-(2)</b></p>

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<p><b>T-22, §87626(b)</b> In addition to Section 87611(b), licensee shall be responsible for the following:</p> <ul style="list-style-type: none"> <li>(1) Ensuring that range of motion or other exercise(s), if prescribed by the physician or physical therapist, are performed by an appropriately skilled professional or by facility staff who receive instruction from an appropriately skilled professional.</li> <li>(2) Ensuring that prior to facility staff performing range of motion or other prescribed exercises, there shall be written documentation by the appropriately skilled professional, outlining instruction on the procedures and the names of the facility staff receiving instruction.</li> <li>(3) Ensuring that the professional reviews staff performance as often as necessary, but at least annually.</li> </ul>	<p><b>T-22, §87626(b)(1)-(3)</b></p>
<p><b>Diabetes</b></p>	
<p><b>Accept or Retain</b>  <b>T-22, §87628(a)</b> The licensee shall be permitted to accept or retain a resident who has diabetes if the resident is able to perform his/her own glucose testing with blood or urine specimens, and is able to administer his/her own medication including medication administered orally or through injection, or has it administered by an appropriately skilled professional.</p>	<p><b>T-22, §87628(a)</b></p>
<p><b>T-22, §87628(b)</b> In addition to Section 87611, General Requirements for Allowable Health Conditions, the licensee shall be responsible for the following:</p> <ul style="list-style-type: none"> <li>(1) Assisting residents with self-administered medication as specified in Section 87465, Incidental Medical and Dental Care Services.</li> <li>(2) Ensuring that sufficient amounts of medicines, testing equipment, syringes, needles and other supplies are maintained and stored in the facility as specified in Section 87465(c).</li> <li>(3) Ensuring that syringes and needles are disposed of as specified in Section 87303(f)(2).</li> <li>(4) Providing modified diets as prescribed by a resident's physician as specified in Section 87555(b)(7).</li> </ul>	<p><b>T-22, §87628(b)(1)-(4)</b></p>
<p><b>Injections</b></p>	
<p><b>Accept or Retain</b>  <b>T-22, §87629(a)</b> The licensee shall be permitted to accept or retain a resident who requires intramuscular, subcutaneous, or intradermal injections if the injections are administered by the resident or by an appropriately skilled professional.</p>	<p><b>T-22, §87629(a)</b></p>
<p><b>T-22, §87629(b)</b> In addition to Section 87611, General Requirements for Allowable Health Conditions, the licensees who admit or retain residents who require injections shall be responsible for the following:</p> <ul style="list-style-type: none"> <li>(1) Ensuring that injections are administered by an appropriately skilled professional should the resident require assistance.</li> <li>(2) Ensuring that sufficient amounts of medicines, test equipment, syringes, needles and other supplies are maintained in the facility and are stored as specified in Section 87465(c).</li> <li>(3) Ensuring that syringes and needles are disposed of as specified in Section 87303(f)(2).</li> </ul>	<p><b>T-22, §87629(b)(1)-(3)</b></p>
<p><b>Healing Wounds</b></p>	
<p><b>Accept or Retain</b>  <b>T-22, §87631(a)</b> Except as specified in Section 87611(a), the licensee shall be permitted to accept or retain a resident who has a healing wound under the following circumstances:</p> <ul style="list-style-type: none"> <li>(1) When care is performed by or under the supervision of an appropriately skilled professional.</li> <li>(2) When the wound is the result of surgical intervention and care is performed as directed by the surgeon.</li> </ul>	<p><b>T-22, §87631(a)(1)-(3)</b></p>

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<p>(3) Residents with a stage one or two pressure sore (dermal ulcer) must have the condition diagnosed by an appropriately skilled professional.</p> <p>(A) The resident shall receive care for the pressure sore (dermal ulcer) from an appropriately skilled professional.</p> <p>(B) All aspects of care performed by the medical professional and facility staff shall be documented in the resident's file.</p>	
<b>Hospice Care Waiver</b>	
<p><b>Accept or Retain</b></p> <p><b>H&amp;S 1569.73(a)</b> Notwithstanding Section 1569.72 or any other provision of law, a residential care facility for the elderly may obtain a waiver from the department for the purpose of allowing a resident who has been diagnosed as terminally ill by his or her physician and surgeon to remain in the facility, or allowing a person who has been diagnosed as terminally ill by his or her physician and surgeon to become a resident of the facility if that person is already receiving hospice services and would continue to receive hospice services without disruption if he or she became a resident, when all the following conditions are met:</p> <p>(1) The facility agrees to retain the terminally ill resident, or accept as a resident the terminally ill person, and to seek a waiver on behalf of the individual, provided the individual has requested the waiver and is capable of deciding to obtain hospice services.</p> <p>(2) The terminally ill resident, or the terminally ill person to be accepted as a resident, has obtained the services of a hospice certified in accordance with federal medicare conditions of participation and licensed pursuant to Chapter 8 (commencing with Section 1725) or Chapter 8.5 (commencing with Section 1745).</p> <p>(3) The facility, in the judgment of the department, has the ability to provide care and supervision appropriate to meet the needs of the terminally ill resident or the terminally ill person to be accepted as a resident, and is in substantial compliance with regulations governing the operation of residential care facilities for the elderly.</p> <p>(4) The hospice has agreed to design and provide for care, services, and necessary medical intervention related to the terminal illness as necessary to supplement the care and supervision provided by the facility.</p> <p>(5) An agreement has been executed between the facility and the hospice regarding the care plan for the terminally ill resident or terminally ill person to be accepted as a resident. The care plan shall designate the primary caregiver, identify other caregivers, and outline the tasks the facility is responsible for performing and the approximate frequency with which they shall be performed. The care plan shall specifically limit the facility's role for care and supervision to those tasks allowed under this chapter.</p> <p>(6) The facility has obtained the agreement of those residents who share the same room with the terminally ill resident, or any resident who will share a room with the terminally ill person to be accepted as a resident, to allow the hospice caregivers into their residence.</p>	<p><b>H&amp;S 1569.73(a)(1)-(6)</b></p>
<p><b>Hospice Care Waiver</b></p> <p><b>T-22, §87632(a)</b> In order to accept or retain terminally ill residents and permit them to receive care from a hospice agency, the licensee shall have obtained a facility hospice care waiver from the Department. To obtain this waiver the licensee shall submit a written request for a waiver to the Department on behalf of any residents who may request retention, and any future residents who may request acceptance, along with the provision of hospice services in the facility. The request shall include, but not be limited to the following:</p> <p>(1) Specification of the maximum number of terminally ill residents which the facility wants to have at any one time.</p>	<p><b>T-22, §87632(a)(1)-(4)</b></p>

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<p>(2) A statement by the licensee that they have read, Section 87633, Hospice Care for Terminally Ill Residents, this section, and all other requirements within Chapter 8 of Title 22 of the California Code of Regulations governing Residential Care Facilities for the Elderly and that they will comply with these requirements.</p> <p>(3) A statement by the licensee that the terms and conditions of all hospice care plans which are designated as the responsibility of the licensee, or under the control of the licensee, shall be adhered to by the licensee.</p> <p>(4) A statement by the licensee that an agreement with the hospice agency will be entered into regarding the care plan for the terminally ill resident to be accepted and/or retained in the facility. The agreement with hospice shall design and provide for the care, services, and necessary medical intervention related to the terminal illness as necessary to supplement the care and supervision provided by the licensee.</p>	
<p><b>Transfer</b>  <b>H&amp;S 1569.73(b)</b> At any time that the licensed hospice, the facility, or the terminally ill resident determines that the resident's condition has changed so that continued residence in the facility will pose a threat to the health and safety to the terminally ill resident or any other resident, the facility may initiate procedures for a transfer.</p>	<p><b>H&amp;S 1569.73(b)</b></p>
<p><b>Emergency Response</b>  <b>H&amp;S 1569.73(c)</b> A facility that has obtained a hospice waiver from the department pursuant to this section need not call emergency response services at the time of a life-threatening emergency if the hospice agency is notified instead and all of the following conditions are met:</p> <ul style="list-style-type: none"> <li>(1) The resident is receiving hospice services from a licensed hospice agency.</li> <li>(2) The resident has completed an advance directive, as defined in Section 4605 of the Probate Code, requesting to forego resuscitative measures.</li> <li>(3) The facility has documented that facility staff have received training from the hospice agency on the expected course of the resident's illness and the symptoms of impending death.</li> </ul>	<p><b>H&amp;S 1569.73(c)(1)-(3)</b></p>
<p><b>Terms and Conditions</b>  <b>T-22, §87632(d)</b> If the Department grants a hospice care waiver it shall stipulate terms and conditions of the waiver as necessary to ensure the well-being of terminally ill residents and of all other facility residents, which shall include, but not be limited to, the following requirements:</p> <ul style="list-style-type: none"> <li>(1) A written request shall be signed by each terminally ill resident or prospective resident upon admission, or by the resident's or prospective resident's health care surrogate decision maker to allow for his or her acceptance or retention in the facility while receiving hospice services. <ul style="list-style-type: none"> <li>(A) The request shall be maintained in the resident's record at the facility, as specified in Section 87633(h)(1).</li> </ul> </li> <li>(2) The licensee shall notify the Department in writing within five working days of the initiation of hospice care services for any terminally ill resident in the facility or within five working days of admitting a resident already receiving hospice care services. The notice shall include the resident's name and date of admission to the facility and the name and address of the hospice.</li> </ul>	<p><b>T-22, §87632(d)(1)-(2)</b></p>
<p><b>H&amp;S 1569.73(h)</b> Nothing in this section shall be construed to relieve a licensed residential care facility for the elderly of its responsibility to notify the appropriate fire authority of the presence of a bedridden resident in the facility as required under subdivision (f) of Section 1569.72, and to obtain and maintain a fire clearance as required under Section 1569.149.</p>	<p><b>H&amp;S 1569.73(h)</b></p>

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Hospice Care for Terminally-Ill Residents	
<p><b>Accept or Retain</b></p> <p><b>T-22, §87633(a)</b> The licensee shall be permitted to accept or retain residents who have been diagnosed as terminally ill by his or her physician and surgeon and who may or may not have restrictive and/or prohibited health conditions, to reside in the facility and receive hospice services from a hospice agency in the facility, when all of the following conditions are met:</p> <ul style="list-style-type: none"> <li>(1) The licensee has received a hospice care waiver from the department.</li> <li>(2) The licensee remains in substantial compliance with the requirements of this section, with the provisions of the Residential Care Facilities for the Elderly Act (Health and Safety Code Section 1569 et seq.), all other requirements of Chapter 8 of Title 22 of the California Code of Regulations governing Residential Care Facilities for the Elderly, and with all terms and conditions of the waiver.</li> <li>(3) Hospice agency services are contracted for by each terminally ill resident or prospective resident individually, or the resident's or prospective resident's Health Care Surrogate Decision Maker if the resident or prospective resident is incapacitated, not by the licensee on behalf of a resident or prospective resident. These hospice agency services must be provided by a hospice agency both licensed by the state and certified by the federal Medicare program.</li> <li>(4) A written hospice care plan which specifies the care, services, and necessary medical intervention related to the terminal illness as necessary to supplement the care and supervision provided by the facility is developed for each terminally ill resident or prospective resident by that resident's hospice agency and agreed to by the licensee and the resident, or prospective resident, or the resident's or prospective resident's Health Care Surrogate Decision Maker, if any, prior to the initiation of hospice services in the facility for that resident, and all hospice care plans are fully implemented by the licensee and by the hospice(s).</li> <li>(5) The acceptance or retention of any terminally ill resident or prospective resident in the facility does not represent a threat to the health and safety of any facility resident, or result in a violation of the personal rights of any facility resident.</li> <li>(6) The hospice agency and the resident or prospective resident agree to provide the licensee with all information necessary to allow the licensee to comply with all regulations and to assure that the resident's or prospective resident's needs will be met.</li> </ul>	<b>T-22, §87633(a)(1)-(6)</b>
<p><b>Hospice Plan Maintained at Facility</b></p> <p><b>T-22, §87633(b)</b> A current and complete hospice care plan shall be maintained in the facility for each hospice resident and include the following:</p> <ul style="list-style-type: none"> <li>(1) The name, office address, business telephone number, and 24-hour emergency telephone number of the hospice agency and the resident's physician.</li> <li>(2) A description of the services to be provided in the facility by the hospice agency, including but not limited to the type and frequency of services to be provided.</li> <li>(3) Designation of the resident's primary contact person at the hospice agency, and resident's primary and alternate care giver at the facility.</li> <li>(4) A description of the licensee's area of responsibility for implementing the plan including, but not limited to, facility staff duties; record keeping; and communication with the hospice agency, resident's physician, and the resident's responsible person(s), if any. This description shall include the type and frequency of the tasks to be performed by the facility.</li> </ul>	<b>T-22, §87633(b)(1)-(7)</b>

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<p>(A) The plan shall specify all procedures to be implemented by the licensee regarding the storage and handling of medications or other substances, and the maintenance and use of medical supplies, equipment, or appliances.</p> <p>(B) The plan shall specify, by name or job function, the licensed health care professional on the hospice agency staff who will control and supervise the storage and administration of all controlled drugs (Schedule II-V) for the hospice client. Facility staff can assist hospice residents with self-medications without hospice personnel being present.</p> <p>(C) The plan shall neither require nor recommend that the licensee or any facility personnel other than a physician or appropriately skilled professional implement any health care procedure which may legally be provided only by a physician or appropriately skilled professional.</p> <p>(5) A description of all hospice services to be provided or arranged in the facility by persons other than the licensee, facility personnel, or the hospice agency including, but not limited to, clergy and the resident's family members and friends.</p> <p>(6) Identification of the training needed, which staff members need this training, and who will provide the training relating to the licensee's responsibilities for implementation of the hospice care plan.</p> <p>(A) The training shall include but not be limited to typical needs of hospice patients, such as turning and incontinence care to prevent skin breakdown, hydration, and infection control.</p> <p>(B) The hospice agency will provide training specific to the current and ongoing needs of the individual resident receiving hospice care and that training must be completed before hospice care to the resident begins.</p> <p>(7) Any other information deemed necessary by the Department to ensure that the terminally ill resident's needs for health care, personal care, and supervision are met.</p>	
<p><b>T-22, §87633(c)</b> The licensee shall ensure that the hospice care plan complies with the requirements of this section, with the provisions of the Residential Care Facilities for the Elderly Act (Health and Safety Code Section 1569 et seq.), and all other requirements of Chapter 8 of Title 22 of the California Code of Regulations governing Residential Care Facilities for the Elderly.</p>	<p><b>T-22, §87633(c)</b></p>
<p><b>T-22, §87633(d)</b> The licensee shall ensure that the hospice care plan is current, accurately matches the services actually being provided, and that the client's care needs are being met at all times.</p>	<p><b>T-22, §87633(d)</b></p>
<p><b>Training Records</b></p> <p><b>T-22, §87633(f)</b> The licensee shall maintain a record of all hospice-related training provided to the licensee or facility personnel for a period of three years. This record shall be available for review by the Department.</p> <p>(1) The record of each training session shall specify the names and credentials of the trainer, the persons in attendance, the subject matter covered, and the date and duration of the training session.</p>	<p><b>T-22, §87633(f), (f)(1)</b></p>
<p><b>Hospice Care Interrupted or Discontinued</b></p> <p><b>T-22, §87633(g)</b> In addition to the reporting requirements specified in Section 87211, Reporting Requirements, the licensee shall submit a report to the Department when a terminally ill resident's hospice services are interrupted or discontinued for any reason other than the death of the resident, including refusal of hospice care or discharge from hospice. The licensee shall also report any deviation from the resident's hospice care plan, or other incident, which threatens the health and safety of any resident.</p> <p>(1) Such reports shall be made by telephone within one working day, and in writing within five working days, and shall specify all of the following:</p> <p>(A) The name, age, sex of each affected resident.</p> <p>(B) The date and nature of the event and explanatory background information leading up to the event.</p>	<p><b>T-22, §87633(g), (g)(1)</b></p>

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<p>(C) The name and business telephone number of the hospice agency.</p> <p>(D) Actions taken by the licensee and any other parties to resolve the reportable event and to prevent similar occurrences in the future.</p>	
<p><b>Maintain Records</b></p> <p><b>T-22, §87633(h)</b> For each terminally ill resident receiving hospice services in the facility, the licensee shall maintain the following in the resident's record:</p> <ul style="list-style-type: none"> <li>(1) A written request for acceptance or admittance to or retention in the facility while receiving hospice services, along with any advance directive and/or request regarding resuscitative measures form executed by the resident or (in certain instances) the resident's Health Care Surrogate Decision Maker.</li> <li>(2) The name, address, telephone number, and 24-hour emergency telephone number of the hospice agency and the resident's Health Care Surrogate Decision Maker, if any, in a manner that is readily available to the resident, the licensee, and facility staff.</li> <li>(3) A copy of the written certification statement of the resident's terminal illness from the medical director of the hospice or the physician member of the hospice interdisciplinary group and the individual's attending physician, if the individual has an attending physician.</li> <li>(4) A copy of the resident's current hospice care plan approved by the licensee, the hospice agency, and the resident, or the resident's Health Care Surrogate Decision Maker if the resident is incapacitated.</li> <li>(5) A statement signed by the resident's roommate, if any, or any resident who will share a room with a person who is terminally ill to be accepted or retained as a resident, indicating his or her acknowledgment that the resident intends to receive hospice care in the facility for the remainder of the resident's life, and the roommate's voluntary agreement to grant access to the shared living space to hospice caregivers, and the resident's support network of family members, friends, clergy, and others.</li> </ul> <p>(A) If the roommate withdraws the agreement verbally or in writing, the licensee shall make alternative arrangements which fully meet the needs of the hospice resident.</p>	<p><b>T-22, §87633(h)(1)-(5)</b></p>
<p><b>Prescription Disposal</b></p> <p><b>T-22, §87633(i)</b> Prescription medications no longer needed shall be disposed of in accordance with Section 87465(i).</p>	<p><b>T-22, §87633(i)</b></p>
<p><b>Restricted or Prohibited Health Conditions</b></p> <p><b>T-22, §87633(j)</b> A written health condition exception request and approval from the Department in accordance with Section 87616, is not needed for any restricted health conditions listed in Section 87612, Restricted Health Conditions, or for any prohibited health conditions listed in Section 87615, Prohibited Health Conditions, provided the resident or prospective resident has been diagnosed as terminally ill and is currently receiving hospice care in compliance with Section 87633, Hospice Care for Terminally Ill Residents, and the treatment of the restricted and/or prohibited health conditions is addressed in the hospice care plan.</p> <p>(1) In caring for a resident's health condition, facility staff, other than appropriately skilled health professionals, shall not perform any health care procedure that under law may only be performed by an appropriately skilled professional.</p>	<p><b>T-22, §87633(j), (j)(1)</b></p>
<p><b>Medication Records</b></p> <p><b>T-22, §87633(k)</b> The licensee shall maintain a record of dosages of medications that are centrally stored for each resident receiving hospice services in the facility.</p>	<p><b>T-22, §87633(k)</b></p>



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<p><b>Bedridden</b>  <b>T-22, §87633(l)</b> Residents receiving hospice care or prospective residents already receiving hospice care when accepted as residents who are bedridden, may reside in the facility provided the facility meets the requirements of Section 87606, Care of Bedridden Residents.</p>	<p><b>T-22, §87633(l)</b></p>
<p><b>Health Condition Relocation Order</b></p>	
<p><b>T-22, §87637(b)</b> When the Department orders the relocation of a resident, the following shall apply:</p> <p>(2) The licensee shall prepare a written relocation plan in any instance where the Department does not suspend the facility license. The plan shall contain all necessary steps to be taken to reduce stress to the resident which may result in transfer trauma, and shall include but not be limited to:</p> <p>(A) A specific date for beginning and a specific date for completion of the process of safely relocating the resident. The time frame for relocation may provide for immediate relocation but shall not exceed 30 days.</p> <p>(B) A specific date when the resident and the resident's responsible person, if any, shall be notified of the need for relocation.</p> <p>(C) A specific date when consultation with the resident's physician, and hospice agency, if any, shall occur to obtain a current medical assessment of the resident's health needs, to determine the appropriate facility type for relocation and to ensure that the resident's health care needs continue to be met at all times during the relocation process.</p> <p>(D) The method by which the licensee shall participate in the identification of an acceptable relocation site with the resident and the responsible person, if any. The licensee shall advise the resident and/or the responsible person that if the resident is to be moved to another residential care facility for the elderly, a determination must be made that the resident's needs can be legally met in the new facility before the move is made. If the resident's needs cannot be legally met in the new facility, the resident must be moved to a facility licensed to provide the necessary care.</p> <p>(E) A list of contacts made or to be made by the licensee with community resources, including but not limited to, social workers, family members, Long Term Care Ombudsman, clergy, Multipurpose Senior Services Programs and others as appropriate to ensure that services are provided to the resident before, during and after the move. The need for the move shall be discussed with the resident and the resident assured that support systems will remain in place.</p> <p>(F) Measures to be taken until relocation to protect the resident and/or meet the resident's health and safety needs.</p> <p>(G) An agreement to notify the Department when the relocation has occurred, including the resident's new address, if known.</p> <p>(3) The relocation plan shall be submitted in writing to the Department within the time set forth in the LIC 809 (Rev. 5/88) Licensing Report by the Department that the resident requires health services that the facility cannot legally provide.</p> <p>(4) Any changes in the relocation plan shall be submitted in writing to the Department. The Department shall have the authority to approve, disapprove or modify the plan.</p> <p>(5) If relocation of more than one (1) resident is required, a separate plan shall be prepared and submitted in writing for each resident.</p> <p>(6) The licensee shall comply with all terms and conditions of the approved plan. No written or oral contract with any other person shall release the licensee from the responsibility specified in this section or Section 87223, Relocation of Residents,</p>	<p><b>T-22, §87637(b)(1)-(7)</b></p>

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<p>for relocating a resident who has a health condition(s) which cannot be cared for in the facility and/or which requires inpatient care in a licensed health facility, nor from taking all necessary actions to reduce stress to the resident.</p> <p><b>(7)</b> In cases where the Department determines that the resident is in imminent danger because of a health condition(s) which cannot be cared for in the facility or which requires inpatient care in a licensed health facility, the Department shall order the licensee to immediately relocate the resident.</p> <p><b>(A)</b> No written relocation plan is necessary in cases of immediate relocation.</p>	
<p><b>T-22, §87637(c)</b> In all cases when a resident must be relocated, the licensee shall not obstruct the relocation process and shall cooperate with the Department in the relocation process. Such cooperation shall include, but not be limited to, the following activities:</p> <p><b>(1)</b> Identifying and preparing for removal of the medications, Medi-Cal or Medicare or other medical insurance documents, clothing, safeguarded cash resources, valuables and other belongings of the resident.</p> <p><b>(2)</b> Contacting the person responsible for the resident to assist in transporting him or her, if necessary.</p> <p><b>(3)</b> Contacting other suitable facilities for placement, if necessary.</p> <p><b>(4)</b> Providing access to resident's files when required by the Department.</p>	<b>T-22, §87637(c)(1)-(4)</b>
<b>Resident Request for Review of Health Condition Relocation Order</b>	
<p><b>Request Review</b></p> <p><b>T-22, §87638(a)</b> A resident, or the resident's responsible person, if any, shall be permitted to request a review and determination of the Department's health condition relocation order by the interdisciplinary team.</p> <p><b>(1)</b> If the resident has no responsible person, as defined in Section 87101, the Long-Term Care Ombudsman and/or the resident's representative payee, if any, shall be permitted to submit a request for review and determination on behalf of the resident.</p>	<b>T-22, §87638(a), (a)(1)</b>
<p><b>T-22, §87638(b)</b> The resident, or the resident's responsible person, if any, shall have three (3) working days, from receipt of the relocation order, to submit to the licensee a written, signed and dated request for a review and determination by the interdisciplinary team.</p> <p><b>(1)</b> For purposes of this section, a working day is any day except Saturday, Sunday or an official state holiday.</p>	<b>T-22, §87638(b)</b>
<p><b>T-22, §87638(c)</b> The licensee shall mail or deliver such a request to the Department within two (2) working days of receipt.</p> <p><b>(1)</b> Failure or refusal to do so may result in civil penalties, as provided in Section 87761, Penalties.</p>	<b>T-22, §87638(c), (c)(1)</b>
<p><b>Required Documentation</b></p> <p><b>T-22, §87638(e)</b> Within ten (10) working days from the date of the resident's review request, the licensee shall submit to the Department the documentation specified in Section 87638(g) to complete the resident's review request.</p>	<b>T-22, §87638(e)</b>
<p><b>T-22, §87638(f)</b> The licensee shall cooperate with the resident, or the resident's responsible person, if any, in gathering the documentation to complete the resident's review request.</p>	<b>T-22, §87638(f)</b>
<p><b>T-22, §87638(g)</b> The documentation to complete the resident's review request shall include, but not be limited to, the following:</p> <p><b>(1)</b> The reason(s) for disagreeing that the resident has the health condition identified in the relocation order and why the resident believes he/she may legally continue to reside in a residential care facility for the elderly.</p> <p><b>(2)</b> A current medical assessment signed by the resident's physician.</p>	<b>T-22, §87638(g)(1)-(4)</b>

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<p>(A) For purposes of this section, this assessment shall include the information specified in Sections 87611(a)(1)(A) through (E).</p> <p>(B) For purposes of this section “current” shall mean a medical assessment completed on or after the date of the relocation order.</p> <p>(3) An appraisal or reappraisal of the resident as specified in Sections 87457(c)(1) and 87463, Reappraisals.</p> <p>(A) The licensee shall be permitted to use the form LIC 603 (Rev. 6/87), Preplacement Appraisal Information, to document the appraisal or reappraisal.</p> <p>(4) A written statement from a placement agency, if any, currently involved with the resident, addressing the relocation order.</p>	
<b>Administrative Review – Health Conditions</b>	
<p><b>T-22, §87639(a)</b> For purposes of this article, any request for administrative review of a notice of deficiency, notice of penalty, or health condition relocation order shall be submitted by the licensee or his/her designated representative in writing to the Department and, in addition to the requirements of Section 87763, Appeal Process, shall include the following:</p> <p>(1) The reason(s) the licensee disagrees with the notice or order.</p> <p>(2) Information about the resident as specified in Section 87611(a).</p> <p>(3) A current appraisal or reappraisal of the resident as specified in Sections 87457(c)(1) and 87463, Reappraisals.</p> <p>(4) A written statement from the resident's placement agency, if any, addressing the notice or order.</p>	<b>T-22, §87639(a)(1)-(4)</b>
<b>Care of Persons with Dementia</b>	
<p><b>Plan of Operation</b></p> <p><b>T-22, §87705(b)</b> In addition to the requirements as specified in Section 87208, Plan of Operation, the plan of operation shall address the needs of residents with dementia, including:</p> <p>(1) Procedures for notifying the resident's physician, family members and responsible persons who have requested notification, and conservator, if any, when a resident's behavior or condition changes.</p> <p>(2) Safety measures to address behaviors such as wandering, aggressive behavior and ingestion of toxic materials.</p>	<b>T-22, §87705(b)(1)-(2)</b>
<p><b>Accept of Retain</b></p> <p><b>T-22, §87705(c)</b> Licensees who accept and retain residents with dementia shall be responsible for ensuring the following:</p> <p>(1) The facility has a nonambulatory fire clearance for each room that will be used to accommodate a resident with dementia who is unable to or unlikely to respond either physically or mentally to oral instructions relating to fire or other dangers and to independently take appropriate actions during emergencies or drills.</p> <p>(2) The Emergency Disaster Plan, as required in Section 87212, addresses the safety of residents with dementia.</p> <p>(3) In addition to the on-the-job training requirements in Section 87411(d), staff who provide direct care to residents with dementia shall receive the following training as appropriate for the job assigned and as evidenced by safe and effective job performance:</p> <p>(A) Dementia care including, but not limited to, knowledge about hydration, skin care, communication, therapeutic activities, behavioral challenges, the environment, and assisting with activities of daily living;</p> <p>(B) Recognizing symptoms that may create or aggravate dementia behaviors, including, but not limited to, dehydration, urinary tract infections, and problems with swallowing; and</p>	<b>T-22, §87705(c)(1)-(7)</b>

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<p>(C) Recognizing the effects of medications commonly used to treat the symptoms of dementia.</p> <p>(4) There is an adequate number of direct care staff to support each resident's physical, social, emotional, safety and health care needs as identified in his/her current appraisal.</p> <p>(A) In addition to requirements specified in Section 87415, Night Supervision, a facility with fewer than 16 residents shall have at least one night staff person awake and on duty if any resident with dementia is determined through a pre-admission appraisal, reappraisal or observation to require awake night supervision.</p> <p>(5) Each resident with dementia shall have an annual medical assessment as specified in Section 87458, Medical Assessment, and a reappraisal done at least annually, both of which shall include a reassessment of the resident's dementia care needs.</p> <p>(A) When any medical assessment, appraisal, or observation indicates that the resident's dementia care needs have changed, corresponding changes shall be made in the care and supervision provided to that resident.</p> <p>(6) Appraisals are conducted on an ongoing basis pursuant to Section 87463, Reappraisals.</p> <p>(7) An activity program shall address the needs and limitations of residents with dementia and include large motor activities and perceptual and sensory stimulation.</p>	
<p><b>Safety Modifications</b></p> <p><b>T-22, §87705(d)</b> In addition to requirements specified in Section 87303, Maintenance and Operation, safety modifications shall include, but not be limited to, inaccessibility of ranges, heaters, wood stoves, inserts, and other heating devices to residents with dementia.</p>	<b>T-22, §87705(d)</b>
<p><b>Bodies of Water</b></p> <p><b>T-22, §87705(e)</b> Swimming pools and other bodies of water shall be fenced and in compliance with state and local building codes.</p>	<b>T-22, §87705(e)</b>
<p><b>T-22, §87705(f)</b> The following shall be stored inaccessible to residents with dementia:</p> <p>(1) Knives, matches, firearms, tools and other items that could constitute a danger to the resident(s).</p> <p>(2) Over-the-counter medication, nutritional supplements or vitamins, alcohol, cigarettes, and toxic substances such as certain plants, gardening supplies, cleaning supplies and disinfectants.</p>	<b>T-22, §87705(f)(1)-(2)</b>
<p><b>T-22, §87705(g)</b> As required by Section 87468(a)(12), residents with dementia shall be allowed to keep personal grooming and hygiene items in their own possession, unless there is evidence to substantiate that the resident cannot safely manage the items.</p> <p>(1) Evidence means documentation from the resident's physician that the resident is at risk if allowed direct access to personal grooming and hygiene items.</p>	<b>T-22, §87705(g), (g)(1)</b>
<p><b>T-22, §87705(h)</b> Outdoor facility space used for resident recreation and leisure shall be completely enclosed by a fence with self-closing latches and gates, or walls, to protect the safety of residents.</p>	<b>T-22, §87705(h)</b>
<p><b>Egress Alert Devices</b></p> <p><b>T-22, §87705(i)</b> The licensee may use wrist bands or other egress alert devices worn by the resident, with the prior written approval of the resident or conservator, provided that such devices do not violate the resident's rights as specified in Section 87468, Personal Rights.</p>	<b>T-22, §87705(i)</b>
<p><b>T-22, §87705(j)</b> The licensee shall have an auditory device or other staff alert feature to monitor exits, if exiting presents a hazard to any resident.</p>	<b>T-22, §87705(j)</b>
<p><b>Requirements - Delayed Egress on Exterior</b></p>	<b>T-22, §87705(k)(1)-(9)</b>

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<p><b>T-22, §87705(k)</b> The following initial and continuing requirements must be met for the licensee to utilize delayed egress devices on exterior doors or perimeter fence gates:</p> <ul style="list-style-type: none"> <li>(1) The licensee shall notify the licensing agency immediately after determining the date that the device will be installed.</li> <li>(2) The licensee shall ensure that the fire clearance includes approval of delayed egress devices.</li> <li>(3) Fire and earthquake drills shall be conducted at least once every three months on each shift and shall include, at a minimum, all direct care staff.</li> <li>(4) Without violating Section 87468, Personal Rights, facility staff shall attempt to redirect a resident who attempts to leave the facility.</li> <li>(5) Residents who continue to indicate a desire to leave the facility following redirection shall be permitted to do so with staff supervision.</li> <li>(6) Without violating Section 87468, Personal Rights, facility staff shall ensure the continued safety of residents if they wander away from the facility.</li> <li>(7) For each incident in which a resident wanders away from the facility unsupervised, the licensee shall report the incident to the licensing agency, the resident's conservator and/or other responsible person, if any, and to any family member who has requested notification. The report shall be made by telephone no later than the next working day and in writing within seven calendar days.</li> <li>(8) Delayed egress devices shall not substitute for trained staff in sufficient numbers to meet the care and supervision needs of all residents and to escort residents who leave the facility.</li> <li>(9) The licensee shall not accept or retain residents determined by a physician to have a primary diagnosis of a mental disorder unrelated to dementia.</li> </ul>	
<p><b>Requirements – Lock Exterior</b></p> <p><b>T-22, §87705(l)</b> The following initial and continuing requirements shall be met for the licensee to lock exterior doors or perimeter fence gates:</p> <ul style="list-style-type: none"> <li>(1) Licensees shall notify the licensing agency of their intention to lock exterior doors and/or perimeter fence gates.</li> <li>(2) The licensee shall ensure that the fire clearance includes approval of locked exterior doors or locked perimeter fence gates.</li> <li>(3) The licensee shall obtain a waiver from Section 87468(a)(6), to prevent residents from leaving the facility. <ul style="list-style-type: none"> <li>(A) Facility staff shall attempt to redirect any unaccompanied resident(s) leaving the facility.</li> </ul> </li> <li>(4) The licensee shall maintain either of the following documents in the resident's record at the facility: <ul style="list-style-type: none"> <li>(A) The conservator's written consent for admission for each resident who has been conserved under the Probate Code or the Lanterman-Petris-Short Act; or</li> <li>(B) A written statement signed by each non-conserved resident that states the resident understands that the facility has exterior door locks or perimeter fence gate locks and that the resident voluntarily consents to admission.</li> </ul> </li> <li>(5) Interior and exterior space shall be available on the facility premises to permit residents with dementia to wander freely and safely.</li> <li>(6) Locked exterior doors or perimeter fences with locked gates shall not substitute for trained staff in sufficient numbers to meet the care and supervision needs of all residents.</li> </ul>	<p><b>T-22, §87705(l)(1)-(8)</b></p>

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**(7)** The licensee shall not accept or retain residents determined by a physician to have a primary diagnosis of a mental disorder unrelated to dementia.

**(8)** Fire and earthquake drills shall be conducted at least once every three months on each shift and shall include, at a minimum, all direct care staff.